

CERTIFICATION #



Premises Release

Phone: (651) 792-7515 • Fax: (651) 792-7501 • www.ctv15.org

I, _____, PRINT NAME
hereby authorize rights to _____, PRODUCER to the videotaping and sound recordings requested _____, DATE OF TAPING at the location of _____

_____ LOCATION
for _____, PROGRAM TITLE and I hereby authorize the reproduction, copyright, exhibition, broadcast, cablecast and/or distribution of said media without limitation for the purposes of Public Access programming.

I hereby release, discharge and agree to save harmless the videographer, his/her representatives, assigns, employees or any person or persons, corporation or corporations, acting under his/her permission or authority, or any person, persons, corporation, corporations, for whom he/she might be acting, including any firm publishing and/or distributing the finished product, in whole or in part, from and against any liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product, its publication, distribution, or cablecast of the same.

I hereby certify that I am over eighteen years of age, and competent to contract in my own name in so far as the above is concerned.

I have read the foregoing release, authorization and agreement, before signing below, and warrant that I fully understand the contents thereof.

NAME/TITLE/ORGANIZATION

ADDRESS

PHONE NUMBER EMAIL

SIGNATURE DATE